



## **Limousine Chauffeur Permits Checklist**

***PLEASE READ CAREFULLY, AS THE APPLICATION HAS BEEN RECENTLY REVISED***

- ☐ All applicants must sign the statement of completion at the bottom of this page and include with the application.
- ☐ Applicants must be at least 18 years of age.
- ☐ Applicants must drive for a Limousine Company that holds a Limousine Carrier Certificate from the Public Service Commission.
- ☐ An authorization letter from the Limousine Company must be submitted with the application.
- ☐ Applicants must submit a \$ 15.00 cashier's check or money order made payable to **DEPARTMENT OF DRIVER SERVICES. PERSONAL OR COMPANY CHECKS WILL NOT BE ACCEPTED.**
- ☐ Send two 2" X 2" color photos. Please ensure you are not wearing a white shirt in the photo.
- ☐ **Attach a copy of your valid Georgia Driver's License.** The address on the driver's license must be current. Therefore, the home address on this application must match the address on your driver's license.
- ☐ Complete, sign and have the **LIMOUSINE CHAUFFEUR PERMIT APPLICATION NOTARIZED.**
- ☐ Sign the consent for background check and have it **NOTARIZED. (ATTACHED)**
- ☐ After the application and supporting documents have been submitted to DDS, utilize GAPS for fingerprint submissions. **(GAPS INSTRUCTIONS ATTACHED)**

### **STATEMENT OF COMPLETION**

Pursuant to DDS Rule 375-5-5-06 (4) states: Chauffeur Permits shall be valid for four (4) years or until suspended, cancelled or revoked. Renewals are handled in the same manner as a new application. Duplicate or replacement Permits are \$15.00.

I hereby certify that this application includes all documents which are required to be attached, for the permit applied for, as outlined above. I understand that an incomplete application or application lacking the necessary attached paperwork may result in my application not being processed and delay in receiving my Limousine Chauffeur Permit.

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Print Name

Legal Signature

Date

**Please submit application & supporting documents to:**

**Georgia Department of Driver Services  
REGULATORY COMPLIANCE DIVISION  
ATTN: CHAUFFEUR PERMITS  
2206 East View Parkway  
Conyers, GA 30013**

**An application drop box is also available at the entrance of the Conyers Customer Service Center.**



## **Limousine Chauffeur Permit Application**

### **SECTION 1: Applicant Information**

Last Name	First Name	Middle Name	Suffix
Date of Birth	Driver's License #	State	Social Security #
Home Address	City	State	Zip Code
Mailing Address <input type="checkbox"/> Same as above	City	State	Zip Code
Limousine Company	Company Phone		
Company Address	City	State	Zip Code
Company Website	Company Email Address	Applicant Email Address	

### **SECTION 2: Applicant Qualifications**

2.1 Are you a United States citizen?

☐ Yes ☐ No

2.1.1 If you answered "No" to question 2.1, are you legally present in the United States?

☐ Yes ☐ No

**NOTE: Acceptable proof of citizenship or lawful presence may be required.**

2.2 Are you at least 18 years of age?

☐ Yes ☐ No

### **SECTION 3: Criminal History**

3.1 Have you ever been convicted of or plead guilty or nolo contendere to any crime?

☐ Yes ☐ No

3.1.1 If you answered "Yes" to question 3.1, please give the nature of the conviction in the area below.

Charge	State and County	Date
Charge	State and County	Date

3.2 Are you currently on probation for any criminal offense in this or any other state?

☐ Yes ☐ No

3.2.1 If you answered "Yes" to question 3.2, please give the nature of probation in the area below.

Charge	State and County	Date
Charge	State and County	Date



3.3 Are there any criminal charges currently pending against you?

☐ Yes ☐ No

3.3.1 If you answered “Yes” to question 3.3, please provide the nature of the charges below.

Charge	State and County	Date
Charge	State and County	Date

3.4 Have you received a pardon for any of the offenses listed above?

☐ Yes ☐ No

3.4.1 If you answered “Yes” to question 3.4, please attach copy of the pardon.

**SECTION 4: Driving History**

4.1 Do you currently possess a valid driver’s license?

☐ Yes ☐ No

4.2 In the area provided below, list your driver’s license information for the past five (5) years, including any previous states.

Driver’s License Number	State	Expiration Date	Years Licensed in State

4.3 Is your driver’s license or driving privileges currently cancelled, suspended, or revoked in this state or any other jurisdiction?

☐ Yes ☐ No

4.4 Are there any *pending* cancellations, suspensions, or revocations against your driver’s license?

☐ Yes ☐ No

4.5 Has your driver’s license been cancelled, suspended, or revoked within the past five (5) years?

☐ Yes ☐ No

4.5.1 If you answered “Yes” to question 4.5, please list the State(s) that revoked, suspended, cancelled, or denied your driver’s license and the reason(s)

State	Reason	Month/Year



4.6 Please list your complete driver’s history for the previous five (5) years, including pleas of *nolo contendere*.

Offense	State and County	Date	Disposition
Offense	State and County	Date	Disposition
Offense	State and County	Date	Disposition
Offense	State and County	Date	Disposition

4.7 Are there any traffic charges currently pending against you?  
☐ Yes ☐ No

**SECTION 5: Applicant Affirmation**

Under penalty of law, I do hereby swear or affirm that all the information that I have provided herein is complete and accurate.

I will refrain from abusing alcohol or other drugs, or from using illegal drugs.

I hereby authorize the release to DDS of any information necessary for the determination of my application for Limousine Chauffeur Permits. I understand that this information will be used only for the purpose of processing my application. Photocopies of this authorization will be valid for the purpose of obtaining requested information.

*I understand that to knowingly make a false statement or conceal a material fact in this application will result in the denial of my application, the cancellation of my certification (if applicable), and criminal charges being brought against me.*

\_\_\_\_\_  
Signature Date

Sworn to and subscribed before me

this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_. (SEAL)

\_\_\_\_\_  
Notary

## CONSENT FOR BACKGROUND INVESTIGATION

OFFICE USE ONLY FILE NUMBER:	OFFICE USE ONLY DATE APPLICATION RECEIVED:	OFFICE USE ONLY BACKGROUND <input type="checkbox"/> DRIVER'S HIST P F <input type="checkbox"/> CRIMINAL HIST P F	OFFICE USE ONLY
OFFICE USE ONLY			
APPLICANT TYPE: (OFFICE USE ONLY)			
<input type="checkbox"/> DUI Risk Reduction	<input type="checkbox"/> Owner	<input type="checkbox"/> Director	<input type="checkbox"/> Instructor
<input type="checkbox"/> Driver Improvement	<input type="checkbox"/> Owner	<input type="checkbox"/> Instructor	
<input type="checkbox"/> Driver Training	<input type="checkbox"/> Owner	<input type="checkbox"/> Instructor	
<input type="checkbox"/> Third Party	<input type="checkbox"/> Tester	<input type="checkbox"/> Examiner	
<input type="checkbox"/> Ignition Interlock	<input type="checkbox"/> Owner/Operator		
<input type="checkbox"/> Chauffeur			
Last Name	First Name	Middle	Date of Birth (MM/DD/YYYY)  / /
Driver's License Number (Include ALL zeros)	Issue date (Exam date)	State	Social Security Number
Current Street Address		City and State	Zip Code
Do you hold any other driver's license(s)?  Yes      No	If so, list state(s) and license number(s)		Phone Number
Company			Phone Number
Address		City and State	Zip Code
Have you been convicted of, plead guilty to, plead nolo contendere to, served time, or been on probation or parole for any crime whether felony or misdemeanor, in this state, in any other state, or in the federal system? <span style="float: right;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</span>			
Do you have a charge(s) or court hearing pending, or are you under indictment or accusation for any crime? <span style="float: right;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</span>			
If you are now charged, under indictment, or have court hearings pending for any charges, give details below:			

I hereby apply for Certification(s) to be issued by the Regulatory Compliance Division of the Department of Driver Services (DDS). I understand that my criminal history, driver's history, and legal presence will be checked. I hereby give consent for the DDS to conduct whatever investigations necessary to determine my eligibility to hold such a certificate. I understand that false, misleading, or incomplete information in my application or on this Consent Form may result in certificate denial, cancellation, suspension, or revocation, as well as possible criminal prosecution and civil action. Under penalty of perjury, I do hereby swear or affirm that the information contained within this application, and any statements made in connection therewith, are complete, true and correct.

Signature

Date \_\_\_\_\_

**THIS CONSENT FORM MUST BE NOTARIZED**

Subscribed to and sworn before me:

SEAL OR STAMP

Notary Signature

Date \_\_\_\_\_

My commission expires:

## **\*\*\*IMPORTANT NOTICE TO ALL APPLICANTS\*\*\***

**PLEASE BE ADVISED THAT EFFECTIVE JANUARY 1, 2009, THE GEORGIA CRIME INFORMATION CENTER (GCIC) WILL NO LONGER ACCEPT INKED FINGERPRINT CARDS FOR CRIMINAL HISTORY CHECKS ON NON-CRIMINAL JUSTICE APPLICANTS.**

Accordingly, on and after January 1, 2009, all persons applying with the Georgia Department of Driver Services (DDS) to become certified in any of the following regulated program areas must utilize the **Georgia Applicant Processing Services (GAPS)** to satisfy the statutorily required fingerprint-based criminal history check:

- Limousine Chauffeur
- Driver Training (Program Owners and/or Instructors)
- Driver Improvement (Program Owners and/or Instructors)
- DUI Alcohol and Drug Use Risk Reduction (Program Owners, Directors, and/or Instructors)
- Ignition Interlock Device Operator

GAPS consists of numerous locations throughout the State of Georgia that have been authorized by the GCIC and Cogent Systems to use LiveScan devices to electronically capture and transmit fingerprints to the GCIC through a secure web-based environment. Criminal history search results, in most cases, will return within 24 to 48 hours following submission of fingerprints, decreasing the overall amount of time it takes for DDS to process your application for certification.

**The results are only available to DDS for a short period of time. Therefore, it is imperative that DDS applications are submitted *prior to* utilizing GAPS. If you use GAPS before submitting your DDS application you run the risk of the DDS not being able to access your results. In this case, you will have to go through the GAPS process again and pay an additional \$33.95.**

### **Additional information**

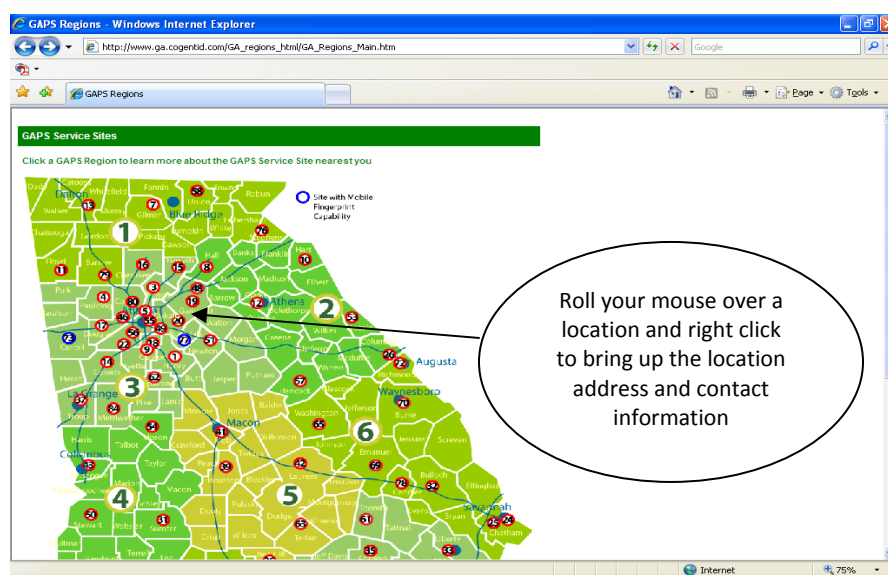
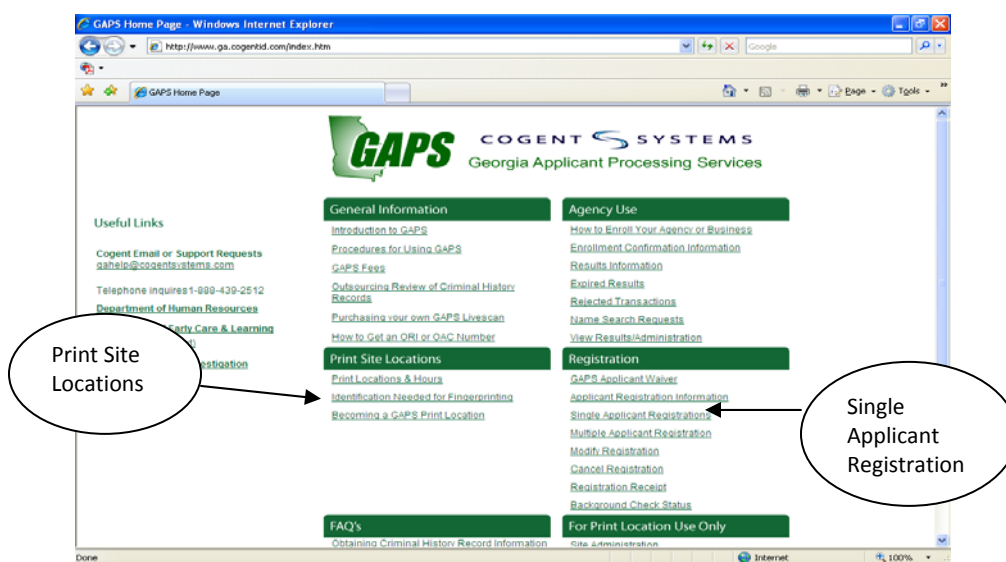
Additional information regarding GAPS processes, policies, fees, and print locations may be found at [www.ga.cogentid.com](http://www.ga.cogentid.com).

# FINGERPRINT INSTRUCTIONS

## Georgia Applicant Processing System (GAPS)

### **Step 1: Select the GAPS location of your choice.**

- Go to the following website: <http://www.ga.cogentid.com/index.htm>
- Under “Print Site Locations” section, click on the “Print Site & Locations” option.
- All authorized GAPS locations are depicted on an interactive map of Georgia. You may mouse over and click on any of the locations depicted on the map to obtain more detailed information about individual GAPS sites, including the name of the participating business, address, and telephone number.



## Step 2: Register.

- Under “Registration” section, click on the “Single Applicant Registration” option. From here, you can begin the registration & payment process.
- Complete the web form with your personal data and payment information. Mandatory fields are highlighted in yellow.
- Please be advised that although the use of your Social Security Number is optional, if you do not submit your SSN, the GAPS location will not be able to confirm your registration if you forget to bring your confirmation receipt. In addition, you will not be able to print a replacement receipt. Therefore, you are strongly encouraged to use your Social Security Number.
- Under Transaction Information, be sure to choose the reason for being fingerprinted. DDS programs are grouped together with the prefix “DDS”. (NOTE: If you choose any other Reason than DDS, your fingerprint results will not be accepted)
- ORI/OAC: GAP233422
- Verification Code: P233422
- Leave the checkbox unchecked for the question of “Does another agency make the fitness determination?”
- Customers may choose between two methods of payment: credit card or money order.
- Money orders must be made payable to “Cogent Systems” and should be taken to the GAPS location.
- Fees can be found at the following link:  
[http://www.ga.cogentid.com/GA\\_DOCS\\_html/GA\\_Fees\\_10012007.htm](http://www.ga.cogentid.com/GA_DOCS_html/GA_Fees_10012007.htm)
- **Cash and checks are not accepted.**

GAPS Registration System - Windows Internet Explorer

https://www.ga.cogentid.com/perl/pub/frame\_page.pl?link=registration.pl

GAPS Registration System

**GAPS** COGENT SYSTEMS Home  
Georgia Applicant Processing Services

Note: If you leave SSN blank you must use your Registration ID at the Fingerprinting Site.

Re-enter SSN:

Sex\*:

Race\*:

Eye Color\*:

Hair Color\*:

Height\*:

Weight\*:

Country of Citizenship:

Driver's License No.:

Note: Do not include "GA" in front.

Driver's License State:

Address:

City:

State:

Zip:

Phone #:

Transaction Information [\(more info\)](#)

Reason\*:

Payment:

ORI/OAC:

Verification Code\*:  (case sensitive)

Does another agency make the fitness determination? ☐ [\(what is this?\)](#)

Note: Highlighted fields are required and marked by \*.

Done

Transaction Information

ORI/OAC: GAP233422

Verification Code: P233422



### Step 3: *Print your Receipt.*

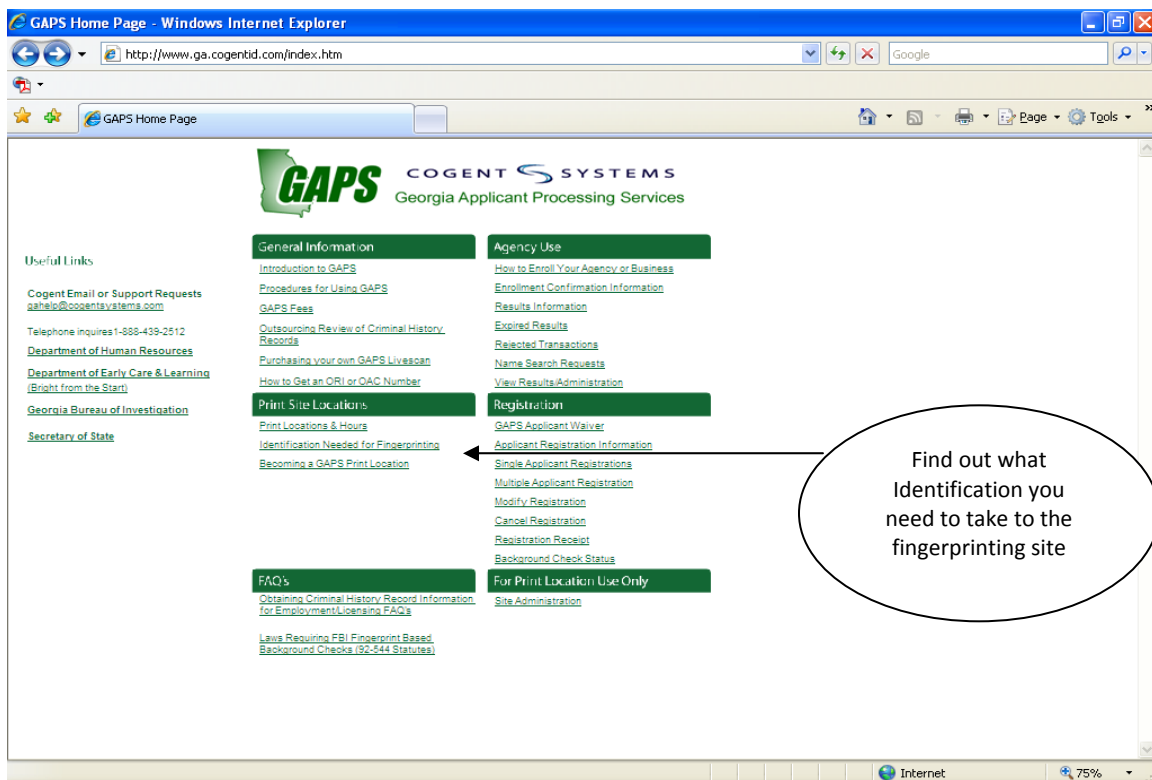
- Print Step 4 *on the screen* and keep a copy for your records. It should have at the top – “Applicant Registration, Step 4 – Registration Complete, Thank you for Registering”.
- If you lose your registration receipt, you can obtain a replacement at the following link:

[https://www.ga.cogentid.com/perl/pub/frame\\_page.pl?link=check\\_status.pl?pa=Receipt](https://www.ga.cogentid.com/perl/pub/frame_page.pl?link=check_status.pl?pa=Receipt)

### Step 4: *Go to the GAPS location as scheduled to be fingerprinted.*

- On the date of your fingerprinting, be sure to call ahead to the GAPS location you plan to visit to confirm their business hours, the hours they do fingerprinting, and that a trained individual is going to be available.
- Be sure to take with you all of the items listed under the “What to Bring” link:

[http://www.ga.cogentid.com/GA\\_PDF/ID\\_Verification.pdf](http://www.ga.cogentid.com/GA_PDF/ID_Verification.pdf)



### **Rejections**

**Fingerprint images captured with GAPS may be rejected by the FBI or GBI for a variety of reasons. For example, if a customer's fingerprints generate characteristics of low quality, the FBI or GBI may reject the submission. Rejections of this nature are not common and may not be the fault of the applicant. In cases where fingerprints are rejected because of poor quality, you will be required to be fingerprinted a second time at no cost to the applicant or agency, provided the applicant is given the rejection information by the Agency to take back to a GAPS Print location.**

**Important: Re-registration of the applicant is not required when rejected for low or poor quality of prints.**